


Child Complaint Model Form

	MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION SPECIAL EDUCATION – COMPLIANCE FIRST STEPS CHILD COMPLAINT-<u>MODEL FORM</u>		
Directions			
<p>As explained in the Missouri First Steps Parental Rights brochure, if any person or organization believes a responsible public agency has violated any state or federal regulation implementing Part C of the Individuals with Disabilities Education Act (IDEA), a signed, written child complaint may be filed with the Missouri Department of Elementary and Secondary Education. The model form below may be used when filing a Child Complaint.</p> <p>MAIL completed form to: Missouri Department of Elementary and Secondary Education (DESE) Division of Special Education Compliance C/O Child Complaint Coordinator Post Office Box 480 Jefferson City, MO 65102-0480</p> <p>Or FAX to: (FAX) 573-526-4404</p>			
Contact Information			
Agency/Provider Name		County	
Child's Name		Age	
Child's Disability: (if known)			
Parent/Guardian Name:			
		Person filing the complaint (if different than Parent/Guardian)	
Address:		Address:	
City, State, & Zip:		City, State, & Zip:	
Phone: Home		Phone: Home	
Work		Work	
		Relationship to Child:	
<p>The agency/provider indicated above has violated state and federal regulations implementing Part C of the IDEA in the following area(s):</p> <p> <input type="checkbox"/> Evaluation <input type="checkbox"/> IFSP <input type="checkbox"/> Location of Services <input type="checkbox"/> Eligibility <input type="checkbox"/> Confidentiality/Access to records Other (Explain) _____ </p>			
Summary of Complaint Allegation(s): (Additional pages may be attached)			
Signature of Person filing Complaint		Date	